



VENTILATION/EXHAUST SYSTEMS PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

Date: _____

☐ **MULTIPLE PERMIT APPLICATIONS SUBMITTED**

(Consideration for the assessment of a single \$30.00 Application Verification Fee will only be made to applications submitted for the SAME ADDRESS at the SAME TIME. This fee will be assessed to the first permit request processed.)

APPLICATION # _____ OF _____

(Please indicate the total number of applications being submitted for the SAME ADDRESS at the SAME TIME. Ex: Application #1 of 3; Application #2 of 3; etc.)

TYPE OF PERMIT ☐ **New Construction** **Bldg Permit # _____**

☐ **Alter Existing** ☐ **Addition to Building** ☐ **Replace**

ADDRESS OF JOB _____ City _____ Zip Code _____

Working In Unit(s) # _____ TAX DISTRICT/PARCEL # _____

Tenant Name(s) _____ Telephone (____) _____

CONTRACTOR _____ Telephone (____) _____ FAX (____) _____

Address _____ City/State _____ Zip Code _____

License # _____

SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER

PRINT OR TYPE NAME

PROPERTY OWNER OF RECORD _____ Telephone (____) _____ FAX (____) _____

Address _____ City/State _____ Zip Code _____

SIGNATURE OF OWNER

PRINT OR TYPE NAME

SOFT ACCOUNT #

AUTHORIZED SIGNATURE OF ACCOUNT

COMMON MECHANICAL VENTILATION EXHAUST:		VENTILATION SYSTEM FOR HAZARDOUS EXHAUST	TYPE I HOODS (GREASE)	TYPE II HOODS (ALL OTHERS) (May or may not have fire suppression in it.)
# of systems	# of openings per system	# of systems	# of hoods	# of hoods
FEE	FEE	FEE	FEE	FEE

☐ **UNDERGROUND ONLY INSTALLATION WITH PHASE I FOUNDATION**

ALL FEES ARE NON--REFUNDABLE

OFFICE USE ONLY

Total Fee _____ Receipt # _____